PTC/SB/00 (09-03)
Approved for use through 7/31/2006. CMB 0651-0032
U.S. Patent and Trademark Million; U.S. DEPARTMENT OF COMMERCE

1	PATENT APPLICATION FEE ETERMINATION RECORD Substitute for Form PTO-875								Application of Dochul Number 3			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		ca (OTHER THAN SMALL ENTITY		
	FOR MUMBER FILED				MANGER EXTRA		RATE	FEE	}	RATE	FEE	
	BASIC PEE (37 GFR L16(xi))								7 08		.	
	TOTAL CLAMS (37 CFR 1,18(e)) 3 5 minus 20 m						1.5			x 4		
	DODE	PENDENT CLASS FR 1.18(b))	S -Z	-3 minus 3 •			X 8	.	1 ° ~	x 8 •		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))						1					
							TOTAL			TOTAL		
	*f the difference in column 1 is less than 24rd, exter '0' in column 2.							<u> </u>	. ~	,0		
	Claims as amended – Part II One Other Than											
19/85	(Column 1)				(Column 2) (Column 3)		SMA	LLENTITY	OR -1		ENTITY	
	NT A	,	CLAINS REMAINING AFTER AMENOMENT,		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	_	RATE	ADDI- TIONAL _FEE	
	DIME	Total CI CFR 1.14(3)	· 34	Minus	35	<u> </u>	x 8		OR	X 6 *		
	핆	iredependant (2) CFR 1.188()	• 3	Miran	- 3	-	_ x		OR	× 4		
	AM	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLASS (\$7 OFR 1,18(4))					+5_		OR	•s		
	/ -/8 -06 (Column 1) (Column 2) (Column 3)						TOTAL ADOL FE	E	OR	TOTAL ADOL FEE		
	ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
	DME	Total CF CF3 L1963	1/0	Minus	* 35	•	**		7 or	X 8 4		
	S	independent (37 GFB 1.18(6))	. 2	Minus	-3	•	X 8		OR	X 8=		
	AM	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.19(6))					+5	\cdot	OR	48=		
	6/12/000mn 1) (Column 2) (Column 3)						TOTAL ADOL FE	Ε	N OR	TOTAL ADOL FEE		
									$\equiv \setminus$			
	ENTC	, ,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	2	Total gr cfa 1,190a	.16	Mirus	. 3¢	•	x 9	×	OR	x 8	\	
	ENO	Independent (27 CFE 1.10D)	• 2	Méras	_3	•	X 8	- \	CR	18		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(6)						+5	. \	OR	+ :		
							TOTAL ADOL FE	*	√ or	TOTAL ADO'L FEE		
		* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, writer "20".										
	-	" If the "Highest !	Number Previously	Paid For	EN THIS SPACE	is less than 2, e with in the high	性了。 est mumber fou	ed in the approp	late box in c	cotumn 1.	<u>-</u>	
1		the selection and hadron	mation & moutant	- 37.00	TO 4 4 A Then bridge	matter b mad	red to obtain o	coloh a bene	t by the ou	tale which is to	the cand by the	

This collection of information is required by 37 CPR 1.16. The information is required to obtain or relatin a benefit by the public which in to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to twice 12 minutes to complete including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form antitor organizations for reducing this burden, should be sent to the Chief beforeastion Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance is completing the form, call 1-800-PTO-9199 and select option 2.